## THIS REGISTRATION MUST BE POSTMARKED ON OR BEFORE JANUARY $1^{\rm st}$ PRIOR TO BREEDING SEASON. FR-071

MICHIGAN DEPARTMENT OF AGRICULTURE FAIRS, EXHIBITIONS & RACING P.O. BOX 30017 LANSING, MI 48909

## THOROUGHBRED STALLION REGISTRATION

According to the provisions of Act No. 327, P.A. 327 of 1980, as amended, and Michigan Department of Agriculture Regulations No. 821 to be eligible for thoroughbred sire stakes races, all of the following provisions shall be complied with:

- 1. "Michigan-sired horse" means a horse sired by a registered stallion which was leased or owned exclusively by a resident of this state and which did not serve a mare at a location outside of this state during the calendar year in which the service occurred.
- 2. A stallion shall be registered with the director on forms provided by MDA's Fairs, Exhibitions & Racing, by January 1 of each year in which the stallion will be standing at service in this state.
- 3. A newly acquired stallion purchased after January 1 of the breeding year shall be eligible for those mares bred after the stallion is registered with the director, if the stallion has not served any mares outside of this state during the calendar year.

| A STALLION MUST BE REGISTERED EACH YEAR IF ITS GET ARE TO BE ELIGIBLE FOR MICHIGAN SIRE RACES |                |                    |                      |  |  |
|---|----------------|--------------------|----------------------|--|--|
| LIST NAME OF STALLION   | STANDING IN    | JOCKEY CLUB        | STALLION STANDING AT |  |  |
| OWNED OR LEASED   | MICHIGAN SINCE | CERTIFICATE MEMBER |                      |  |  |
| (print or type)   |                |                    |                      |  |  |
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| NAME (print) (If "joint tenant" specify)  |                |                    |                      |  |  |
|   |                |                    |                      |  |  |
| ADDRESS (no. & street or road)  |                |                    |                      |  |  |
|   |                |                    |                      |  |  |
| CITY  | STATE          | ZIP CODE           | PHONE No.            |  |  |
|   |                |                    |                      |  |  |
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|   |                |                    |                      |  |  |
| Signature of Owner or Authorized Agent Date   |                |                    |                      |  |  |